2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 674924** 1. Entity Name JEFFERSON CAMPGROUND, INC. 04-24-2001 90352 032 ***150.00 Principal Place of Business Mailing Address 150 RUE DOS CHATEAUX 150 RUE DOS CHATEAUX TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 834010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2047707 Not Applicable Country +== -Country-\$8.75 Additional 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR, PATRICK M. Street Address (P.O. Box Number is Not Acceptable) 18167 US 19 NORTH HARBOURSIDE SUITE 461 CLEARWATER FL 34624 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition COLE, STANLEY W, SR NAME NAME 2333 HAWTHORNE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33515 CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME COLE, STANLEY W JR NAME STREET ADDRESS 150 RUE DES CHATEAUX STREET ADDRESS CITY-ST-ZIP **TARPON SPRINGS FL 34689** CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME COLE, ELLEN J NAME STREET ADDRESS 150 RUE DES CHATEAUX STREET ADDRESS . 1. CITY-ST-ZIE **TARPON SPRINGS FL 34689** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition